

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/781,141-Conf. #3364
	<b>Filing Date</b>	February 18, 2004
	<b>First Named Inventor</b>	Carl W. Hastings
	<b>Title</b>	PERFORMANCE-ENHANCING DIETARY SUPPLEMENT
	<b>Art Unit</b>	1628
	<b>Examiner Name</b>	Jennifer M. Kim
	<b>Attorney Docket No.</b>	30105/32001A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**  
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

**OR**

☐ The address associated with Customer Number:

**OR**

☐ Firm or Individual Name

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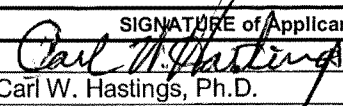
I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/13/11
Name	Carl W. Hastings, Ph.D.	Telephone	(636) 537 9715
Title and Company	Vice Chairman and Chief Scientific Officer, Reliv International, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.